

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09802835	FILING DATE 03-13-01	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51	1	
2		1					52		1
3		1					53		1
4		1					54		1
5		1					55		1
6		1					56		1
7		1					57		1
8		1					58		1
9	1						59		1
10		1					60		1
11		1					61		1
12		1					62		1
13	1						63		1
14		1					64	1	
15		1					65		1
16		1					66	1	
17		1					67		1
18		1					68		1
19		1					69		1
20		1					70		1
21	1						71		1
22		1					72		1
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38		1					88		
39		1					89		
40	1						90		
41		1					91		
42		1					92		
43		1					93		
44		1					94		
45		1					95		
46		1					96		
47		1					97		
48		1					98		
49		1					99		
50		1					100		
TOTAL IND.	4						TOTAL IND.	9	
TOTAL DEP.	17						TOTAL DEP.	63	
TOTAL CLAIMS	21						TOTAL CLAIMS	72	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS